◆se type a plus (+) sign in this box →

01-03-02

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

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UTILITY **PATENT APPLICATION TRANSMITTAL** 

Attorney Docket No. S16.12-0128 First Inventor or Application Identifier

Stephen T. Kuehn ANNULOPLASTY RING HOLDER

(Only fo	or nev	v non-provisional applications under 37 C.F.R. § 1.53(B))	ress Mail	Label No.   EL844352161US					
		APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.		Address To:  Assistant Commissioner for Pateris  Box Patent Application  Washington, DC 20231					
1.	X	*Fee Transmittal Form e.g., PTO/SB17) (Submit an original and a duplicate for fee processing)	5.	☐ Microfiche Computer Program (Appendix)					
2.	X	Specification [Total Sheets (preferred arrangement set forth below - Descriptive title of the Invention)	6.	Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)					
		- Cross References to Related Applications		- Computer Neudable Copy					
		- Statement Regarding Fed sponsored R & D		c. Paper Copy (Identical to computer copy)  Statement verifying identity of above copies					
		- Reference to Microfiche Appendix	F	ACCOMPANYING APPLICATION PARTS					
•		- Background of the Invention	7.						
		- Brief Summary of the Invention - Brief Description of the Drawings (if filed)	7. 8.	Assignment Papers (cover sheet & document(s))  37 C.F.R. § 3.73(b) Statement Power of					
		- Detailed Description - Claim(s)	9.	(when there is an assignee) Attorney					
	_	- Abstract of the Disclosure	i i						
3. 4. 4. a. a.	X	Drawing(s) (35 U.S.C. § 113) [Total Sheets 6]	10.	☐ Information Disclosure ☐ Copies of IDS  Statement (IDS/PTO – PTO)					
الِيَّا 4.	Oath	or Declaration [Total Sheets 6]	11.	Preliminary Amendment					
≓a.		Newly executed (original or copy)	12.	Return Receipt Postcard (MPEP 503)					
ub.		Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)	13.	*Small Entity Statement filed in prior application. Statement(s) (PTO/SB/09-12) Status still proper and desired					
		i.  DELETION OF INVENTOR(S)  Signed statement attached deleting	14.	Certified Copy of Priority Document(s) (if foreign priority is claimed)					
		inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).	15.	Request and Cert. Under 35 USC 122 (Non-Pub)					
FEE	S, A SM	R ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY ALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT ED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	16.	Other: Check in the amount of \$740.00					
17	If a C	CONTINUING APPLICATION, check appropriate box, and sup	ply the rec	uisite information below and in a preliminary amendment:					
	☐ Continuation ☐ Divisional ☐ Continuation —in part (CIP) of prior application No:								
	FOR	Prior application information: Examiner		Group/Art Unit:					
		Pox 4b, is considered a part of the disclosure of the accompaence. The incorporation can only be relied upon when a portion	ממא ממוער	ne prior application, from which an oath or declaration is supplied tinuation or divisional application and is hereby incorporated by a linadvertently omitted from the submitted application parts.					
		17. CORRES							
	Cust	tomer Number or Bar Code Label (Insert Customer No. or Att	ach bar coe	or X Correspondence address below					
Name		Judson K. Champlin WESTMAN CHAMPLIN & KELLY							
ivaiile		Suite 1600 – International Centre							
Address									
City		Minneapolis State	MN	Zip Code 55402-3319					
Country		USA Telephone		34-3222 (642) 224 2242					
	- /D			Fax (0.17) 00 1 00 12					
		Nickolas E. Westman		Registration No. (Attorney/Agent) 20,147					
Sign	ature	Held Coll us	Commence of the last of the la	Date 12/28/01					

		Comp	lete if Kno	own		
FEE TRANSMITTAL	Application No.					
	Filing	Filing Date			Herewith	
	First	First Named Inventor		or S	Stephen T. Kuehn	
	Title				ANNULOPLASTY RING HOLDER	
	Grou	Group Art Unit				
	Examiner Name					
Total Amount of Payment \$ 740	Atty. Docket Number			r S	S16.12-0128	
METHOD OF PAYMENT (Check One)	FEE CALCULATION (Continued)					
The Director is hereby authorized to charge any additional fee	3. AD	3. ADDITIONAL FEES				
required under 37 C.F.R § 1.16 and 1 17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.	Laro	e Entity	Smal	I Entity		
Westman, Champlin & Kelly, P A.	Fee	Fee	Fee	Fee		
2. X Check Enclosed	Code	(\$)	Code	(\$)	Paid	
- Silver Englosed	105	130	205	(¥) 6:		
FEE CALCULATION	127	50	227	2:		
		•			Filing Fee or cover sheet	
1. BASIC FILING FEE	139	130	139	130	0 Non-English specification	
Large Entity Small Entity Fee Fee Fee	147	2,520	147	2,520	<ol> <li>For Filing a Request for Reexamination. (ex parte)</li> </ol>	
Code (\$) Code (\$) Fee Description	115	110	215	5	5 Extension for reply within first month	
1 SO Decomption	116	400	216	200	0 Extension for reply within second month	
101 740 201 370 🗵 Utility Filing Fee 106 330 206 165 Descriptions Fee	117	920	217	460	Extension for reply within third month	
108 740 208 370 □Reissue Filing Fee	118	1,440	218	720	D Extension for reply within fourth month	
112 160 214 80 Prov. Filing Fee	128	1,960	280	980	Extension for reply within fifth month	
E E Flov. Filling Fee	120	320	220	160	Filing a brief in support of an appeal	
2. EXTRA CLAIM FEES	121	280	221	140	Request for oral hearing	
Number Prior** Extra Fee from Fee Paid	148	110	248	55	5 Terminal Disclaimer Fee	
Claims Below	140	110	240	55	5 Petition to Revive - unavoidable	
Total 16 20 0 18 0	141	1,310	241	670	Petition to Revive - unintentional	
Indep. 1 3 0 84 0	142	1,310	242	670	Utility/Reissue issue fee (inc. advance copies)	
Multiple Dependent Claims	143	490	243	260	Design issue fee (inc. advance copies)	
** Insert 3 and 20, or number previously paid if greater, Reissue see below  Large Entity Small Entity	122	130	122	130	Petitions to the Commissioner	
Fee Fee Fee Description  Code (\$) Code (\$)	123	50	123	50	Petitions related to provisional applications	
103         18         203         9         Claims in excess of 20           102         84         202         42         Independent claims in excess of 3	126	180	126	180	Submission of Information Disclosure Statement	
104 280 204 140 Multiple Dependent Claims 109 84 209 42 Reissue Independent Claims over	581	40	581	40	<b>B</b>	
Original Patent 110 18 210 9 Reissue claims in excess of 20					property (times number of properties)	
and over original patent	Other F	ee (specit	y)			
Subtotal (2) \$ 0					Subtotal (3) \$	

Signature

(Nickolas E. Westman

Reg. No. <u>20,147</u>

Date 12 20/10